

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000206

FILED
Mar 21, 2009
Secretary of State

Entity Name: COLLEGIATE PROSPECTS DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

3308 MIDLAKE TERRACE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 684
OCOE, FL 34761

New Mailing Address:

FEI Number: 56-2339470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, EVERARD W
3308 MIDLAKE TER
OCOE, FL 34761 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MORGAN, EVERARD W
Address: P.O. BOX 684
City-St-Zip: OCOE, FL 34761

Title: DT () Delete
Name: MORGAN, ERNESTINE S
Address: P.O. BOX 684
City-St-Zip: OCOE, FL 34761

Title: DV () Delete
Name: FERGUSON, MARK G
Address: P.O. BOX 684
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: CUNNINGHAM, ART
Address: P.O. BOX 684
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: BRINSON, ALVIN
Address: P.O. BOX 684
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: FISHER, WILLIAM
Address: P.O. BOX 684
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORGAN, EVERARD W
Address: P.O. BOX 684
City-St-Zip: OCOE, FL 34761

Title: DPS (X) Change () Addition
Name: LOOSE, GIA
Address: P.O. BOX 684
City-St-Zip: OCOE, FL 34761

Title: D (X) Change () Addition
Name: FERGUSON, MARK G
Address: P.O. BOX 684
City-St-Zip: OCOE, FL 34761

Title: VP (X) Change () Addition
Name: LYONS, BOBBIE
Address: P.O. BOX 684
City-St-Zip: OCOE, FL 34761

Title: T (X) Change () Addition
Name: COLE, KEN
Address: P.O. BOX 684
City-St-Zip: OCOE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVERARD MORGAN

D

03/21/2009

Electronic Signature of Signing Officer or Director

Date